

Montana Department of
Public Health & Human Services

Section:
Serving the Family

CHILD CARE

Subject:
Table of Eligibility Related Forms

Supersedes: Child Care Manual 6-10 (9/01/06)

References: 52-2-701 - 704 & 52-2-711 - 713 MCA
Sections 37.80.101-103, 37.80.201-202, 37.80.205-206, 37.80.301-302,
37.80.305 -306, 37.80.315-316, 37.80.501 ARM 45
CFR Part 98.20 – 47

Ordering Eligibility Related Forms

Child Care Resource and Referral agencies order eligibility related forms and publications on a FORMS REQUISITION form, DPHHS-GS-003B. CCR&Rs use their respective **location code** at the top of the 'GS-003B form:

Location	CCR&R	Location Code
Billings	District VII HRDC	456
Bozeman	Child Care Connections	416
Butte	Butte 4C's	447
Glasgow	Hi-Line Home Programs, Inc.	453
Glendive	DEAP Child Care Resource and Referral	411
Havre	District IV HRDC – Child Care Link	421
Great Falls	Family Connections	407
Helena	Child Care Partnerships	425
Kalispell	The Nurturing Center	415
Miles City	DEAP Child Care Resource and Referral	409
Missoula	Child Care Resources	432
Lewistown	District VI HRDC – Child Care Link	414

DPHHS Internal Support

111 Sanders, Room 8

PO Box 4210

Helena, MT 59604

(406) 444-3912

NOTE: If ordering QAD forms at the same time, the Child Care Licensing Program requests that QAD form orders be sent to the Child Care Licensing

Montana Department of
Public Health & Human Services

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CHILD CARE

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Table of Eligibility Related Forms

Program Assistant, who will forward the order to the DPHHS Internal Support
(Refer to 6-13 for personnel contact information):

**Child Care Licensing Program Assistant
DPHHS Child Care Licensing Program**

2401 Colonial Dr.

PO Box 202953

Helena, MT 59620-2953

Office: 444-2012

FAX: 444-1742

FORM #	DESCRIPTION	USE
AR-110 <i>(electronic Word form)</i>	<u>Accounts Receivable System Transaction Input Form</u> is e-mailed to DPHHS Accounts Receivable when setting up overpayments. This form is used to inform A/R of all child care overpayments, unless it is a one-time adjustment on a provider's invoice.	Overpayments
Child Care Need Form	The <u>Child Care Need Form</u> is used to gather family demographic and child care preference information for the child care referral process. <i>This form is available from the Montana CCR&R Network Office, in coordination with NACCRRAware support.</i>	Referrals for Families
CPS Child Care Referral <i>(electronic Word form)</i>	<u>CFSD Child Care Referral</u> is used by social workers to make a CPS child care referral to the CCR&R for the CCUBS system.	<i>CPS child care referrals.</i>
DPHHS-HCS/CC-009	<u>Child Care Scholarships</u> brochure explains the Best Beginnings Child Care Scholarship program to potential applicants.	<i>As needed</i>
DPHHS-HCS/CC-010	<u>Best Beginnings Child Care Scholarship Application</u> form is used for Best Beginnings Child Care Scholarship program applicants.	Presumptive Eligibility Eligibility Annual Re-certification

Montana Department of
Public Health & Human Services

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CHILD CARE

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Table of Eligibility Related Forms

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DPHHS-HCS/CC-011	<u>Release of Information/Request for Verification</u> form is used to verify participant employment schedules and wages.	Eligibility Annual Re-certification
DPHHS-HCS/CC-015	<u>Child Care Service Plan Information</u> form gathers information from the parent and the provider to establish a child care certification plan.	Presumptive Eligibility Eligibility Annual Re-certification
DPHHS-HCS/CC-016	<u>Change Report Form</u> provides families with a tool to keep the CCR&R informed of relevant changes. If families notify the CCR&R of changes via telephone, send this form to obtain written verification of the change. (While this change report form is preferred, policy simply requires written verification for changes.)	<i>Inform families at the following times:</i> Eligibility Annual Re-certification
DPHHS-HCS/CC-017	<u>Family's Rights & Responsibilities</u> informs families of program requirements and options. The Rights & Responsibilities information is incorporated with the child care scholarship application.	TANF Families
DPHHS-HCS/CC-018	<u>Child Care Provider's Rights & Responsibilities</u> informs providers of program requirements. This form is not required in individual case files.	Annually LUP Info Packet
DPHHS-HCS/CC-019	<u>Child Care Program – Notice of Requirement to Cooperate & Right to Claim Good Cause for Refusal to Cooperate in Child Support Enforcement</u> is used when determining eligibility.	<i>Inform families at the following times:</i> Eligibility Annual Re-certification

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Public Health & Human Services

Section:
Serving the Family

CHILD CARE

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Table of Eligibility Related Forms

FORM #	DESCRIPTION	USE
DPHHS-HCS/CC-077	<u>Legally Unregistered Provider (LUP) Program Release of Information Criminal/Protective Service Background Checks</u> allows DPHHS to request background checks on applicants and household members.	LUP/LUI Applicants
DPHHS-HCS/CC-078	<u>LUP Child/Adult Protective Services Record Check</u> is used for LUP/LUI applicants and household members.	LUP/LUI Applicants
DPHHS-HCS/CC-079	<u>LUP Criminal History Record Check</u> is used for LUP/LUI applicants and household members.	LUP/LUI Applicants
DPHHS-HCS/CC-080	<u>LUP/LUI Immunization Waiver</u>	LUP/LUI Applicants
DPHHS-HCS/CC-087	<u>LUP/In-Home Care Application for State Payment Only</u> is the LUP/Parent application.	LUP/LUI Applicants
DPHHS-HCS/CC-088	<u>Unregistered Provider/ In home Medication Administration Attestation</u>	LUP/LUI Applicants
DPHHS-HCS/CC-089	<u>Medication Administration form</u>	LUP/LUI Applicants
DPHHS-HCS/CC-090	<u>Medication Administration log</u>	LUP/LUI Applicants
DPHHS-HCS/CC-091	<u>Medication Error/ Incident Report</u>	LUP/LUI Applicants
DPHHS-HCS/CC-092	<u>Over-the-Counter Medication Authorization</u>	LUP/LUI Applicants
DPHHS-HCS/CC-121	<u>Repayment Agreement</u> is the form used by the CCR&R with either a parent or provider to set up a repayment plan for an overpayment.	<i>As needed</i>

Montana Department of
Public Health & Human Services

Section:
Serving the Family

CHILD CARE

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Table of Eligibility Related Forms

FORM #	DESCRIPTION	USE
DPHHS-HCS/CC-122	<u>Best Beginnings Child Care Scholarship Program</u> informational booklet contains policies and guidelines for child care providers.	All Providers
DPHHS-HCS/CC-123	<u>HIPAA Child Care Information Guide</u>	<i>As needed</i>
DPHHS-HCS/CC-124	<u>What is an LUP?</u> is an informational document used in the LUP packets.	LUP/LUI Applicants
DPHHS-HCS/CC-127	<u>LUP/LUI Statement of Health</u> is required of the applicant.	LUP/LUI Applicants
DPHHS-HSC/CC-131	<u>Best Beginnings Child Care Scholarship Application –TANF</u>	TANF applicants
DPHHS-HCS/CC-140	<u>Special Needs Subsidy Rating Scale</u> is used by the CCR&R Early Childhood Specialist to evaluate whether an increased scholarship reimbursement rate is needed to care for a child with special needs.	CCR&R Early Childhood Specialist Annual Re-certification
DPHHS-HCS/CC-141	<u>Montana Individual Child Care Plan</u> is to provide a description of the special skills or abilities a child care provider will need in order to fully include a child in typical routines and activities.	CCR&R Early Childhood Specialist Annual Re-certification
DPHHS-HCS/CC-142	<u>Special Needs Subsidy Recertification Form</u> is used to determine whether there is a change in the scholarship reimbursement rate for a child with special needs.	CCR&R Early Childhood Specialist Annual Re-certification
DPHHS-HCS/CC-143	<u>The Americans with Disabilities Act & Child Care</u> brochure	<i>As needed</i>
DPHHS-HCS/CC-144	<u>Special Needs Scholarship Parent Consent</u>	CCR&R Early Childhood specialist
DPHHS-HCS/CC-150	<u>Working Caretaker Relative Child Care form</u> is used by OPA Eligibility Case Managers to refer working	<i>As needed</i>

Montana Department of
Public Health & Human Services

Section:
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CHILD CARE

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	caretaker relatives receiving a child only TANF cash benefit for child care assistance.	
DPHHS-HCS-051	<u>Child Care assistance will not start until you contact your local Child care Resource and Referral Agency</u> form is used by OPA Eligibility Case Managers to refer FAIM families to CCR&Rs. This form is not a requirement for a child care scholarship and is not required in the family's case file. However, a family is not eligible for child care until they contact their CCR&R. Since OPA uses this form, CCR&Rs do not need to order this form.	<i>OPA uses this form to refer families to CCR&R</i>
DPHHS-HCS-101	<u>Authorization to Release Information</u> is used to assist with general eligibility determination for Child Care and TANF programs. An applicant's authorization is not a condition of eligibility. If authorization is not granted, the applicant must provide all the verification required to determine eligibility.	Presumptive Eligibility Eligibility Annual Re-certification
DPHHS-HCS-102	<u>One Time Only Authorization to Release Information</u> is used for a specific, short-term need to share information, which is not identified on the '101' form. For example, a physician's statement regarding an individual's disability and their inability to care for their children.	<i>As needed</i>
DPHHS-HCS-103	<u>Inter-Agency Authorization to Release Information</u> is used for ongoing information sharing for case management. CCR&Rs are not likely to need this form often.	<i>As needed</i>

Montana Department of
Public Health & Human Services

Section:
Serving the Family

CHILD CARE

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Table of Eligibility Related Forms

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DPHHS-OM-300B	<u>NON-DPHHS Employee System/ File Access Request Form</u> is used for CCR&R Eligibility Specialists who require access to CCUBS and other appropriate systems. The Eligibility Specialist's e-mail address will be added to the appropriate State List Serv e-mail distribution list.	<i>Used to gain State computer system access for CCR&R employee's</i>
DPHHS-OM-300D	<u>NON-DPHHS Employee System/ File Access DELETE Request</u> is used for CCR&R Eligibility Specialists who's access needs to be deleted to from CCUBS and other indicated systems, including the State List Serv e-mail distribution lists.	<i>Used to Delete State computer system access for terminated CCR&R employee's</i>
QAD/CCL-040A	<u>Change of Name/Address/Ages for [Provider] Registration Certificate</u> . . . form is not yet available through DPHHS supply. Providers use this QAD form to inform their licensor.	Informs providers that they need to keep their address current in order to prevent payment problems
UNPAM119	<u>Montana School Guidelines for the Identification and Reporting of Child Abuse and Neglect 2204-2005</u>	This publication contains information to assist personnel in identifying, reporting, and responding to the abused and neglected children with whom they have contact.

